

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number <i>10/533251</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	<i>5</i>											
Total Depend	<i>12</i>											
Total Claims	<i>20</i>											

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